

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90159 011 \*\*\*\*61.25

**DOCUMENT # N96000000565**

1. Entity Name

**EMERALD COAST LUTHERAN CHURCH, INC.**

Principal Place of Business

4855 W. HWY 98  
SANTA ROSA BEACH FL 32459  
US

Mailing Address

P.O. BOX 1597  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

4855 W. US98

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City &amp; State

Santa Rosa Bch

Zip

32459

Country

Walton

City &amp; State

Zip

Country

4. FEI Number

59-3327167

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMS, A W  
4057 E. CO HWY 30-A  
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JOHNSON, PAUL L  
STREET ADDRESS 3892 MESA RD  
CITY-ST-ZIP DESTIN FL 32540TITLE D ☐ Delete  
NAME TERRY, WILLIAM R  
STREET ADDRESS 618 BENNING DRIVE  
CITY-ST-ZIP DESTIN FL 32541TITLE TD ☐ Delete  
NAME SIMS, A. WILLIAM W  
STREET ADDRESS 4057 E CO HWY 30-A  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459TITLE SD ☐ Delete  
NAME COFFEEN, KAY  
STREET ADDRESS 6 MOCKINGBIRD LANE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459TITLE D ☐ Delete  
NAME PECO, JUNE  
STREET ADDRESS 96 THOMPSON ROAD  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459TITLE D ☐ Delete  
NAME WELLER, EUGENE L  
STREET ADDRESS 106 N HIGHWAY 393  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/01

Date

850-231-3070

Daytime Phone #

CR2E037 (10/00)